

How do you know whether your wellness activities are working?

- ▶ Nutrition
- ▶ Diabetes
- ▶ Tobacco Treatment
- ▶ Exercise
- ▶ High Blood Pressure
- ▶ Disease Management
- ▶ Other Targeted Educational Components
- ▶ Individual and/or Group Offering
- ▶ Peer Support
- ▶ Care Management Services
- ▶ Coordinated Care
- ▶ Another Program Component?

Organize the Discussion:

1. Please have one person scribe
2. Please have one person agree to present to the bigger group

What to DO: In the next 10-15 minutes, please choose a wellness component in your program and list the ways in which you know it is reaching the goals for your clients and the program.

Component: _____

1. Step:

1a. SMART:

2. Step:

2a. SMART:

3. Step:

3a. SMART:

4. Step:

4a. SMART

Specific and Measureable Stages of Change: Where are you?

► Precontemplation (Not Ready)

I do not intend to take action in the foreseeable future, usually measured as the next six months. Multiple unsuccessful attempts at change can lead to demoralization about the ability to change.

► Contemplation (Getting Ready)

I intend to change in the next six months. I am aware of the pros of changing, but are also acutely aware of the cons. This weighting between the costs and benefits of changing has produce profound ambivalence.

► Preparation (Ready)

I people intend to take action in the immediate future. I have already taken some significant action in the past year. I have a plan of action.

► Action (Active Behavior Changes)

I have made specific overt modifications in my lifestyle. I have engaged in observable behavior I have attained a criterion that is sufficient to reduce risk and/or disease.

► Maintenance (Maintaining Changed Behaviors)

I have made specific overt modifications in my lifestyle and am working to prevent relapse; however, I am not applying change processes as frequently as I did when I started to change my behavior.

► Relapse (or a slip)

Clients who reengage in a level of the changed behavior that is less modified than during the maintenance stage.

Name Behavior Change: _____

What Stage of Change are you currently in for this behavior? _____

Visit # _____

Specific and Measureable

Three C's: What do you think about changing?

If you were to engage in changing chosen behavior today, how committed confident, and competent, are you regarding reaching your goal for change. On a scale from one (little) to five (lots), indicate where you see yourself in relation to the Three C's. Circle the number that applies to you.

Committed: 1-----2-----3-----4-----5

What would need to happen to move you up one number on the scale?

Confident: 1-----2-----3-----4-----5

What would need to happen to move you up one number on the scale?

Competent: 1-----2-----3-----4-----5

What would need to happen to move you up one number on the scale?

Current Three C's Goal: _____

Progress Three C's Goal: _____

Visit # _____



Report Card for : 123 Wonder, Stevie

Care Manager: James, Etta

PCP: Our Site

Jackie Wilson

Friday, December 30, 2016

Health Information

| Survey Type | Entry Date | Systolic | Diastolic | Weight | Height | Waist | BMI | Breath CO | Cigs/Day |
|-------------|------------|----------|-----------|--------|--------|-------|-------|-----------|----------|
| Baseline | 5/4/2016 | 130 | 74 | 138 | 63 | 34 | 24.45 | 11 | 15 |
| 3 months | 8/4/2016 | 102 | 58 | 125 | 63 | 34 | 22.14 | 9 | 7 |
| 6 months | 11/4/2016 | 110 | 60 | 130 | 63 | 35 | 23.03 | 2 | 0 |

Blood Information

| Survey Type | Entry Date | <u>Fasting Plasma</u> Glucose | HgBA1c | <u>Total</u> Cholesterol | HDL | LDL | Triglycerides |
|-------------|------------|----------------------------------|--------|-----------------------------|-----|-----|---------------|
| Baseline | 5/6/2016 | 91 | 5.6 | 179 | 52 | 114 | 65 |

Goals





| Goal Date | Goal Description | Goal Action |
|-----------|---|--|
| 5/6/2016 | I want to eat healthier | I will go to the introduction to healthy eating group if I can get a ride. |
| 5/6/2016 | I would like to reduce my smoking | I will talk to the Tobacco person this coming Monday when she is here. |
| 6/4/2016 | I will try to eat healthier again. | You will give me a ride to the group, so I will go. |
| 8/6/2016 | I want to keep cutting down on my smoking. | I will keep going to see Doris. |
| 11/4/2016 | I want to stay away from the first cigarette. | I will not light or take one drag off the first cigarette. |

Wellness Groups

| Wellness Group | Session Date | Session Length | Group? | Individual? |
|----------------|--------------|----------------|-------------------------------------|-------------------------------------|
| Nutrition | 6/6/2016 | 45 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Tobacco | 11/21/2016 | 20 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Tobacco | 11/21/2016 | 25 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Tobacco | 10/24/2016 | 45 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Tobacco | 9/26/2016 | 45 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Tobacco | 9/12/2016 | 45 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Tobacco | 8/22/2016 | 45 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Tobacco | 9/5/2016 | 45 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Tobacco | 5/16/2016 | 30 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Tobacco | 5/23/2016 | 45 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Tobacco | 8/8/2016 | 45 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Care Manager Report

Jackie Wilson

Data Collected 
 Collection Due within 30 days 
 Collection Past Due 
 Collection not due yet 

Friday, December 30, 2016

Page 1 of 1

| | | D.C.? | Baseline | 0m | 3m | 6m | 9m | 12m | 15m | 18m | 21m | 24m |
|------|----------------|--------------------------|----------|----------|----------|------------|----------|----------|----------|----------|----------|----------|
| 7321 | Redding, Otis | <input type="checkbox"/> | 04/04/16 | 04/04/16 | 07/04/16 | 10/03/16 | 01/02/17 | 04/03/17 | 07/03/17 | 10/02/17 | 01/01/18 | 04/02/18 |
| 456 | James, Etta | <input type="checkbox"/> | 05/06/16 | 05/04/16 | 08/04/16 | * 08/04/16 | 02/03/17 | 05/05/17 | 08/04/17 | 11/03/17 | 02/02/18 | 05/04/18 |
| 123 | Wonder, Stevie | <input type="checkbox"/> | 05/06/16 | 05/04/16 | 08/04/16 | 11/04/16 | 02/03/17 | 05/05/17 | 08/04/17 | 11/03/17 | 02/02/18 | 05/04/18 |

NOMS Collected *

| | 27m | 30m | 33m | 36m | 39m | 42m | 45m | 48m |
|----------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Redding, Otis | 07/02/18 | 10/01/18 | 12/31/18 | 04/01/19 | 07/01/19 | 09/30/19 | 12/30/19 | 03/30/20 |
| James, Etta | 08/03/18 | 11/02/18 | 02/01/19 | 05/03/19 | 08/02/19 | 11/01/19 | 01/31/20 | 05/01/20 |
| Wonder, Stevie | 08/03/18 | 11/02/18 | 02/01/19 | 05/03/19 | 08/02/19 | 11/01/19 | 01/31/20 | 05/01/20 |